

DIABETES AND OBESITY AS RISK FACTORS IN URGENT ABDOMINAL SURGERY

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It is known that comorbidity significantly affects the development of diseases. Diabetes and obesity are common diseases. These diseases often occur in emergency abdominal surgery. We conducted a retrospective analysis of the results of treatment of 88 patients. 33 patients had diabetes. 25 patients were obese. In 17 patients, diabetes was combined with obesity. 26 patients had no comorbidities. 28 patients had acute small intestinal obstruction. 22 patients had acute appendicitis. 18 patients had gastroduodenal perforation. 20 patients had acute cholecystitis. All patients were operated on. We found that patients with diabetes and obesity had an increased frequency of postoperative complications. Postoperative wound suppuration occurred in 2.3% of patients without comorbidity and in 7.8% of patients with diabetes and obesity ($p < 0.05$). Leakage of anastomoses occurred in 1.7% of patients without comorbidities and in 4.3% of patients with diabetes and obesity. Local postoperative peritonitis was present in 1.07% of patients without comorbidities and in 1.24% of patients with diabetes and obesity. Diffuse postoperative peritonitis was present in 0.93% of patients without comorbidity and in 1.92% of patients with diabetes and obesity ($p < 0.05$). Incisional hernia within 1 year after surgery was present in 3.09% of patients with diabetes and obesity. Patients without comorbidities did not have an incisional hernia for 1 year. 1 (14.28%) patient with acute small intestinal obstruction without comorbidities died. 5 (23.81%) patients with acute small intestinal obstruction and diabetes and obesity died. 2 (11.11%) patients with acute appendicitis and diabetes and obesity died. Patients with acute appendicitis without comorbidity did not die. 2 (18.18%) patients with gastroduodenal perforation and diabetes and obesity died. 1 (14.28%) patient with gastroduodenal perforation without comorbidity died. The cause of death was abdominal sepsis. Therefore, diabetes and obesity are significant risk factors in emergency abdominal surgery. This should be taken into account when treating such patients. But the prognostic scales that are currently known are not sufficiently informative. Therefore, it is necessary to develop new prognostic scales. Such scales should be developed separately for each type of abdominal surgical disease.